UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|--|-----------------------------------|--------------------------------|-----------------------|------------------|----------|
| 1 Date of Request: 2 Serial/Patent # 0//1/53 | | | | | |
| 3 Please refund the following fee(s): | | 4 PAP NUM | ER BER | 5 DATE/ FILED | 6 AMOUNT |
| | Filing | | | | \$ |
| | Amendment | | | | \$ |
| | Extension of Time | | | | \$ |
| | Notice of Appeal/Appeal | | | | \$ |
| V | Petition | | | | \$ 110 |
| | Issue | | | | \$ |
| | Cert of Correction/Terminal Disc. | | | | \$ |
| | Maintenance | | | ! | \$ |
| | Assignment | | | | \$ |
| | Other | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND \$ | | \$ | |
| | | 8 TO BE REFUNDED BY: | | | |
| 10 REASON: | | Treasury Check | | | |
| | Overpayment | | Credit Deposit A/C #: | | |
| | Duplicate Payment | | 9/4-0/6 | | |
| ν | No Fee Due (Explanation): | | | | |
| Red not nee. | | | | | |
| | | | | | |
| | | | | | |
| 11 REFUND REQUESTED BY: | | | | | |
| TYPED/PRINTED NAME: (CLO) TITLE: (AT) | | | | | |
| SIGNATURE: PHONE: 3059 (24) | | | | | |
| OFFICE: | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | |
| APPROVED: Shuff & hale DATE: 1/3/02 | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B